

**OFFICER'S BATTERY REPORT**  
**CHICAGO POLICE DEPARTMENT**

RD NO. **HZ217334**

**INSTRUCTIONS:** This form is to be completed for all incidents where: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

**"X APPLICABLE BOXES"**

<b>OFFICER INFORMATION</b>		<b>INCIDENT INFORMATION</b>															
NAME (LAST - FIRST - M.I.) <b>JACKSON, RONALD T</b>		<input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR <b>ADDRESS OF OCCURRENCE</b> <b>7031 S MERRILL AVE Apt 101</b>															
STAR NO. <b>3228</b>	POSITION <b>POLICE OFFICER</b>	CITY <input checked="" type="checkbox"/> <b>CHICAGO</b>	STATE (If outside Chicago)														
DATE OF APPOINTMENT <b>26-AUG-2013</b>	EMPLOYEE NO.	LOCATION CODE <b>090-APARTMENT</b>															
UNIT OF ASSIGNMENT <b>003</b>	BEAT/CALL NO. <b>0333</b>	BEAT OF OCCURRENCE <b>0331</b>	TIME <b>07-APR-2016 18:44:00</b>														
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>BLACK</b>	DATE OF OCCURRENCE <b>07-APR-2016</b>	DAY OF WEEK <b>THURSDAY</b>														
HEIGHT <b>505</b>	WEIGHT <b>135</b>	NO. OF OFFICERS BATTERED <b>4</b>															
<b>TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED</b>																	
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____  <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____		WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____  PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APW/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____															
<input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER																	
<b>TYPE OF ACTIVITY</b>																	
<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input checked="" type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN  <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____		<input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC ) <input checked="" type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____  <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____															
<input type="checkbox"/> K. OTHER _____		<b>MANNER OF ATTACK</b> <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)															
<b>TYPE OF WEAPON/THREAT</b> (Check all that apply): <table border="0"> <tr> <td><input type="checkbox"/> A. FIREARM CALIBER</td> <td><input type="checkbox"/> D. HANDS/FISTS</td> </tr> <tr> <td><input type="checkbox"/> 1. REVOLVER</td> <td><input type="checkbox"/> E. FEET</td> </tr> <tr> <td><input type="checkbox"/> 2. SEMI-AUTOMATIC</td> <td><input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC )</td> </tr> <tr> <td><input type="checkbox"/> 3. RIFLE</td> <td><input checked="" type="checkbox"/> G. VERBAL THREAT (ASSAULT)</td> </tr> <tr> <td><input type="checkbox"/> 4. SHOTGUN</td> <td><input type="checkbox"/> H. OTHER (SPECIFY) _____</td> </tr> </table> <input type="checkbox"/> B. VEHICLE <table border="0"> <tr> <td><input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE</td> <td><input type="checkbox"/> J. WOOD STICK, 1 METAL POLE</td> </tr> <tr> <td><input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE</td> <td></td> </tr> </table> <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input checked="" type="checkbox"/> I. BLUNT INSTRUMENT				<input type="checkbox"/> A. FIREARM CALIBER	<input type="checkbox"/> D. HANDS/FISTS	<input type="checkbox"/> 1. REVOLVER	<input type="checkbox"/> E. FEET	<input type="checkbox"/> 2. SEMI-AUTOMATIC	<input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC )	<input type="checkbox"/> 3. RIFLE	<input checked="" type="checkbox"/> G. VERBAL THREAT (ASSAULT)	<input type="checkbox"/> 4. SHOTGUN	<input type="checkbox"/> H. OTHER (SPECIFY) _____	<input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE	<input type="checkbox"/> J. WOOD STICK, 1 METAL POLE	<input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE	
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<b>FIREARM USE INFORMATION</b> (Check all that apply): <table border="0"> <tr> <td><input type="checkbox"/> A. OFFICER AT GUNPOINT</td> </tr> <tr> <td><input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED</td> </tr> <tr> <td><input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON</td> </tr> </table>				<input type="checkbox"/> A. OFFICER AT GUNPOINT	<input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED	<input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON											
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<b>OFFENDER INFORMATION</b>																	
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>BLACK</b>	DOB <b>26-MAY-1944</b>	IR NO.														
CB NO.		GANG RELATED?															
WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN		<input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN															
NO. OF OFFENDERS PRESENT? <b>1</b>																	
<b>TYPE OF INJURY TO OFFICER</b>		<b>WEATHER CONDITIONS</b>															
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NON APPARENT/NONE		<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> B. RAIN <input type="checkbox"/> C. SNOW  <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> F. SEVERE CROSS WIND															
APPROXIMATE OUTDOOR TEMPERATURE: <b>45° F</b>																	

LOG# **1080018**

Attachment **27**

Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

REPORTING MEMBER - SIGNATURE  
**JACKSON, RONALD T**

STAR NO.  
**3228**

WATCH COMMANDER/UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
**WILLIAMS, TERESA H**

**212**